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HERTFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT

ON

SCHOOL HEALTH

IN

HERTFORDSHIRE

for the year

1960

By

J. L. DUNLOP,

M.D., D.P.H., D.T.M. & H.

Principal School Medical Officer

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COUNTY HALL,
HERTFORD.
June, 1960.

To the Chairman and Members of the Education Committee.

Mr. Chairman, My Lord, Ladies, and Gentlemen,

I have the honour to present my Annual Report as Principal School Medical Officer for the year 1960.

For many years, it was customary to include in my introductory letter a general review of the principal changes and developments in the service, and to high-light any points of special interest. Two years ago, this review was included in the body of the report in order that it might be available to the members of the Special Services Sub-Committee, to whom the report is submitted in draft. This innovation was apparently appreciated by the Sub-Committee and has now been adopted as standard practice.

There is in consequence no need for a lengthy introduction, but I would like particularly to pay tribute to all those—teachers, family doctors, and health department staff—who made it possible for the concluding paragraphs of the introduction on page 8 to be written with complete sincerity.

Members of the Education Committee, who are also interested in the work of the Health Committee, will profit by reading Dr. Lucas's discussion (page 27) on the scope for co-operation between the Child Guidance Service and a wide range of the Local Authority's Community Care Services. Her reference to the influence which the premature return of a mentally ill adult can have on a household of children is a particularly interesting illustration of the undesirable side-effects which can result from fundamentally desirable reforms.

For the past sixteen years, I have been indebted to Dr. Stewart, Deputy Principal School Medical Officer, for editing and commenting on the mass of statistics and material on which this report is based. This year, my thanks go also to Dr. R. G. Hendry, who took up duty as Senior School Medical Officer in July, 1960, and to Mr. J. F. Scrutton, appointed Senior Clerk, School Health Section, in February, 1960.

I am,

Your obedient servant,

J. L. DUNLOP,
Principal School Medical Officer.

(B) DENTAL OFFICERS.**PRINCIPAL SCHOOL DENTAL OFFICER.**

A. H. Millett, L.D.S., R.C.S.

ORTHODONTISTS.

J. F. Crawford, L.D.S.

M. E. A. Campbell Wilson, B.Sc., B.D.S., D.Orth., R.C.S.

SCHOOL DENTAL OFFICERS (WHOLE-TIME).

J. M. Barratt, L.D.S., R.C.S.

D. M. Bain, L.D.S.

L. M. J. Ewart, L.D.S.

G. E. Hansen, L.D.S., R.C.S.

H. M. Hylton.

W. E. Reeve, L.D.S.

H. H. Revill, L.D.S., R.C.S.

SCHOOL DENTAL OFFICERS (PART-TIME).

F. W. Antscherl, L.D.S., R.C.S.

H. Blake, L.D.S., R.C.S.

R. F. Charman.

S. W. Fisk, L.D.S., M.R.C.S., L.R.C.P.

S. C. Jack, L.D.S., R.C.S.

H. M. Kay, B.D.S.

A. R. Leon, B.D.S.

I. S. McEwan, B.D.S.

A. H. J. Miller, L.D.S., R.C.S.

D. S. Mountford, L.D.S.

J. G. Nelson, L.D.S., R.C.S.

J. H. Parkinson, L.D.S., B.D.S.

P. C. Perkins, L.D.S., R.C.S.

H. M. T. Phillips, B.D.S.

J. M. Preedy, L.D.S.

R. P. Rabson, L.D.S., R.C.S.

P. H. Rosenkranz, L.D.S., R.C.S.

G. E. Scott, L.D.S., R.C.S.

G. A. Smee, L.D.S., R.C.S.

R. J. Smee, L.D.S., R.C.S.

B. D. Smith, L.D.S., R.C.S.

P. M. Tanner, L.D.S., R.C.S.

C. G. Thomas, L.D.S., R.C.S.

M. J. Wicks, B.D.S.

N. E. Williams, L.D.S., R.C.S.

J. F. Wylie, L.D.S., R.C.S.

DENTAL ATTENDANTS.

31—(13 whole-time and 18 part-time).

(C) SCHOOL NURSING STAFF.**COUNTY NURSING OFFICER.**

Miss V. M. King, S.R.N., S.C.M., H.V., Q.N.

DEPUTY COUNTY NURSING OFFICER.

Miss M. A. McClements, S.R.N., S.C.M., H.V., Q.N.

DIVISIONAL NURSING OFFICERS.

South-West Herts	.	Miss A. Featherstone, S.R.N., S.C.M., R.F.N., H.V., Q.N.
Dacorum	.	Miss J. E. Maughan, S.R.N., S.C.M., H.V., Q.N.
St. Albans	.	Mrs. E. M. Jeffries, S.R.N., S.C.M., H.V., Q.N.
Mid Herts	.	Miss D. A. Reay, S.R.N., S.C.M., H.V., Q.N.
North Herts	.	Miss S. H. Kestin, S.R.N., S.C.M., H.V., Q.N.
East Herts	.	Miss B. Brewer, S.R.N., S.C.M., H.V., Q.N.
South Herts	.	Miss M. A. McClements, S.R.N., S.C.M., H.V., Q.N.
School Nurses	.	101 Health Visitors/School Nurses. 32 District Nurses.

(D) MEDICAL AUXILIARY STAFF.**SENIOR SPEECH THERAPIST (PART-TIME).**

Mr. Leonard A. Willmore, L.C.S.T.

SPEECH THERAPISTS (WHOLE-TIME).

Miss G. Farmer, L.C.S.T.
Mrs. V. Felstead, L.C.S.T.
Miss J. Hawksworth, L.C.S.T.
Miss F. A. Nolan, L.C.S.T.
Miss V. A. Press, L.C.S.T.

SPEECH THERAPISTS (PART-TIME).

Mrs. P. Blane, L.C.S.T.
Mrs. M. A. C. Davies, L.C.S.T.
Mrs. J. M. Waterman, L.C.S.T.
Mrs. V. Tait, L.C.S.T.

ORTHOPTISTS (WHOLE-TIME).

†Miss A. J. Davie.
†Miss M. J. Jeavons.
†Miss J. M. Gilley (resigned 31.12.60).

† **Diploma British Orthoptic Board.**

INTRODUCTION

There have been no major changes in the School Health Service and School Medical Officers have continued the routine medical examination of schoolchildren, ensuring that those requiring it receive the special educational treatment best suited to their physical and mental condition. More latitude has been given to Local Authorities by the Minister of Education with regard to the frequency of school medical inspections and it is hoped to make a report in future on a revised scheme in relation to these inspections.

During 1960, however, medical inspections have been carried out as in previous years in the child's first year at the Infant, Junior, and Secondary Schools and prior to the child leaving school.

Dr. Symonds in presenting her Annual Report states that "although I examine children of high intelligence from a well-housed, well-paid and a well-nourished community, it is quite surprising how few of them can pass my examination with the tick of perfection". This statement is borne out by the figures, and it will be observed that 1.1 per cent of school entrants showed defects at medical examination which either required, or were under treatment, and approximately half of those had not sought advice or consulted their General Practitioner.

There seems little doubt that despite the treatment available under the National Health Service there still remains a definite need for the medical examination of children at school. Defects continue to be found which have been previously unnoticed by the parent, and advice can be given to both parents and teachers on the numerous health problems which will always continue to arise, even in the normally developing child.

Several Medical Officers report on an increasing understanding among the majority of parents on the problems of their families. As a result there has been a greater attendance of parents at school medical inspections. Unfortunately, this attendance seems to be inversely proportional to the age of the child. Most parents attend the child's first examination at school, but very few are present at the school leaving examination. It is also a regrettable fact that in some cases it is the parents of those children whose health gives rise to concern, who show the least interest, and do not attend the medical examinations. In such cases contact is made with the parents by means of home visiting by the School Nurse.

Family Doctors, the School Health Service and the Hospital Service, all share responsibility for the health of the child and excellent working relationships are the rule. The Family Doctor is notified of all defects requiring treatment, which are found at the medical examination, with the exception of those defects which require the child to be referred to the Child Guidance Clinic, the Ophthalmic Clinic, or the Speech Therapy Clinic, since these Clinics are primarily the responsibility of the Local Education Authority. The parents are, however, asked to tell the Family Doctor what has happened, and in some instances School Medical Officers make a practice of doing so.

There is a continued interest among the teachers who are willing to co-operate in any measures taken for improving the health of the children under their care, and frequently consult the School Doctor and Health Visitors on various medical problems.

It is on such co-operation that the success of the School Health Service depends, and it is in the interest of the children that such co-operation should be as full as possible.

STAFFING.

Assistant County Medical Officers are engaged in clinical duties in connection with both the Maternity and Child Welfare and the School Health Services, while School Nurses generally combine their duties with those of Health Visitors,

giving greater continuity between the two services. The staff then become very well known to the families in the area in which they work.

The medical staffing position has remained fairly stable and it has been possible to fill those vacancies which have occurred through resignations and retirement. Four full-time Medical Officers resigned during the year and one part-time Medical Officer retired. A Senior Medical Officer has been appointed, part of whose duties is concerned with the administration of the School Health Services.

Staffing of the School Dental Service continued to present a problem and during this year there have been several changes. The number of sessions carried out by full-time and part-time officers has been equivalent to $17\frac{1}{2}$ full-time officers while the corresponding figure for last year was $16\frac{1}{2}$ officers. This slight increase was offset by the difficulties caused by the continual changing of staff.

The health visiting and school nursing position improved slightly throughout the year and there are now 142 Nurses who devote part of their time to the School Health Service.

One Orthoptist was appointed to fill a vacancy occurring at the end of 1959. Another Orthoptist resigned in December, 1960, and it is hoped to appoint a successor in the near future.

The number of Speech Therapists has increased and there is now an overall addition of two Therapists compared with last year.

MEDICAL INSPECTIONS.

As previously mentioned systematic medical inspections were carried out in four age groups. (1) School entrants in their first year at school; (2) the seven to eight year-old group in the Junior School; (3) those entering the Secondary School usually at eleven to twelve years of age and, (4) school leavers during their last year at school.

The statistical tables are given at the end of this report and are in accordance with the requirements of the Ministry. As shown in Table (1) 49,738 routine medical inspections were carried out together with 1,233 special examinations and 26,849 re-examinations.

Table No. 1.—Numbers seen at Medical Inspections.

	1960.	1959.
<i>Routines</i>	49,738	49,561
<i>Specials</i>		
At school medical inspections	476	561
At Minor Ailment Clinics	757	1,023
	1,233	1,584
<i>Re-inspections.</i>		
At school medical inspections	26,378	23,876
At Minor Ailment Clinics	471	507
	26,849	24,383

Details of the number of defects found at medical inspections during 1960 are to be found in Table No. 2. It is interesting to note that there has been a welcome reduction in the number of orthopaedic defects requiring treatment or observation. There has also been a reduction in the number of defects of the nose and throat which required treatment. Unfortunately the numbers of defects of vision continued to rise, particularly in the older children.

Table No. 2. Defects found by Medical Inspections during 1960.

Defect or Disease (1)	Number of Defects							
	Already under treatment (2)		Recom- mended treatment (3)		Total (4)		Placed under observation (5)	
	1960	1959	1960	1959	1960	1959	1960	1959
Skin	420	471	502	619	922	1,090	549	634
Eyes :								
(a) Vision	2,209	2,025	1,380	1,352	3,589	3,377	2,932	2,547
(b) Squint	471	453	192	221	663	674	306	302
(c) Other	56	75	135	116	191	191	157	148
Ears :								
(a) Hearing	91	124	47	46	138	170	457	480
(b) Otitis Media	113	86	72	73	185	159	572	484
(c) Other	24	18	40	49	64	67	171	142
Nose or Throat	371	472	323	361	694	833	2,050	2,054
Speech	88	72	158	213	246	285	541	432
Lymphatic Glands	20	41	24	31	44	72	553	523
Heart	46	44	28	30	74	74	616	628
Lungs	231	260	96	96	327	356	927	887
Developmental :								
(a) Hernia	15	15	35	26	50	41	146	101
(b) Other	39	47	88	101	127	148	657	760
Orthopaedic :								
(a) Posture	40	35	425	629	465	661	628	635
(b) Feet	109	117	1,079	1,111	1,188	1,228	1,055	1,276
(c) Other	158	171	251	256	409	427	880	1,032
Nervous System :								
(a) Epilepsy	46	67	17	13	63	80	90	65
(b) Other	37	48	27	43	64	91	293	275
Psychological :								
(a) Development	87	155	50	58	137	213	579	585
(b) Stability	120	122	76	73	196	195	819	703
Abdomen	55	60	29	55	84	115	190	180
Other	52	54	82	99	134	153	543	546
Total No. of Defects found	4,898	5,032	5,156	5,671	10,054	10,703	15,711	15,419
Percentage of total defects	48.7	47.0	51.3	53.0				

As stated in the introduction, there is still a high percentage of defects found at school medical examinations which have been previously unnoticed by the parent, or if noticed, not thought to be worthy of advice and treatment, and this can be seen by the figures in Table 2. Table 3 shows the percentage of individual children in each age group having defects either under, or requiring treatment.

Table No. 3.—Percentage of Children with Defects requiring Treatment.

Groups	Number of Children Examined	Number of children with Defects requiring treatment	Per cent
Entrants	12,619	1,841	14
Others	25,662	4,648	18
Leavers	10,259	1,953	19

The higher percentage of school leavers is due primarily to the increased incidence of eye defects in this group.

Despite these various defects, the physical condition of schoolchildren has been reported unsatisfactory in only 0.7 per cent of cases. This percentage shows no change from the previous year and is extremely low.

The greatest problem referred to by the School Medical Officer with regard to the physical condition of school children is obesity, and in general the results of diet and advice have not been encouraging.

Dr. Watkins reports that " the management of obesity in childhood remains one of the most difficult problems of the School Medical Officer. Few fat children wish to eat less and their outlook is invariably encouraged by the parents. Furthermore, many children consider that their mid-day meal at school is a preliminary to their main meal of the day which they receive on returning home ".

Dr. Crawley states: " It is generally found that, whereas the obese child will eat well, it is the very children who are in the greatest need of extra nourishment who are least interested in taking school meals and availing themselves of school milk. "

PERSONAL HYGIENE.

The School Nurses visit the schools to carry out routine hygiene inspections. The nurses are not only interested at these inspections in detecting nits and lice in the hair, but also in the general cleanliness and physical state of the child and with the adequacy of clothing and footwear. During the year 172,078 examinations were carried out and 178 individual children were found to be infested. It is a sad fact that these head infestations in school-children still persist although the incidence continues to drop each year. The fact that several cases were found stresses the importance of continuing this service, as obviously without these inspections the number of infested children would increase quickly. This system of hygiene inspection is not always welcomed by the parents who feel that there is some stigma attached to it, nor is it popular with many of the head teachers. It is not generally realized, that without these inspections the incidence would in all probability rise quickly. The general standard of cleanliness remained high and poor clothing was only seen in children of problem families or from large families with a low household income.

Several medical officers, however, have noted that the personal hygiene of older children was not always satisfactory and it may be that these children were not so closely supervised by their parents as the younger children. The standard of footwear and foot hygiene was not always as high as it might have been.

DEFECTS OF THE SKIN.

Modern treatment of skin infections is such that they no longer constitute a major problem. The incidence of skin disease noted at medical examinations increased slightly during the year but the rise was not serious. Cases of mild eczema were seen while plantar warts still remained a problem occurring from time to time in local outbreaks. Acne was seen fairly frequently in older children and athletes foot seemed to be common among older boys. Scabies, impetigo and ring-worm were only rarely reported.

DEFECTS OF VISION.

As reported in 1959, the incidence of defects of vision has risen steeply over the last few years and this year the trend has continued. Most medical officers draw attention to the rapidity of onset of visual defects, especially in the older child and it would seem that more frequent vision testing is becoming necessary.

Table No. 4.—School Ophthalmic Clinics 1960.

Centres	No. of Sessions	No. of Defects dealt with		No. of pupils for whom spectacles were prescribed	Attendances
		Errors of Refraction, including Squint	Other Defects		
<i>North Herts.</i>					
Hitchin	31	361	1	96	370
Stevenage	44	545	2	168	510
	75	906	3	264	880
<i>East Herts.</i>					
Hertford	81	630	4	261	762
Bishop's Stortford	24	147	1	75	201
Buntingford	6	32	—	20	69
Waltham Cross	46	425	2	209	587
	157	1,234	7	565	1,619
<i>Mid Herts.</i>					
Hatfield	22	295	—	165	361
Welwyn Garden City	37	436	1	217	578
	59	731	1	382	939
<i>St. Albans.</i>					
St. Albans	57	979	—	336	987
Harpenden	22	278	1	133	317
Boreham Wood	59	694	—	271	849
	138	1,951	1	740	2,153
<i>South Herts.</i>					
East Barnet	44	263	—	156	408
Barnet	46	394	—	171	587
	90	657	—	327	995
<i>South-West Herts.</i>					
Watford	249	1,769	24	595	1,951
Rickmansworth	22	219	3	72	217
	271	1,988	27	667	2,168
<i>Dacorum.</i>					
Berkhamsted	17	169	2	72	194
Hemel Hempstead	61	692	—	215	713
	78	861	2	287	907
Grand totals for the whole County	868	8,328	41	3,232	9,661

Dr. Wright reports " that there is difficulty in persuading quite a number of older children, particularly boys to wear the glasses prescribed. Unfortunately with this age group, the co-operation of the parents is not so readily obtainable as they seldom attend the medical examination ".

An analysis of the figures show that 55 per cent of the cases which required referral to the Ophthalmic Clinic were girls. It is difficult to put forward a

reason why the incidence should be higher in girls ; it may be that as they mature earlier than boys, more defects of vision are appearing before the girls leave school.

Cases of visual defects are seen quickly at the Ophthalmic Clinics and once under treatment are constantly supervised.

The Ophthalmic Clinics are staffed by Consultant Ophthalmologists provided by the Regional Hospital Board. Due to changes and illness among the staff, there has been a slight decrease in the number of sessions held in certain areas of the county, but throughout the county as a whole the waiting list has been very small. Parents of children with visual defects are offered appointments at the Eye Clinics, though they may use the Supplementary Eye Service. If spectacles are recommended, they are supplied by an Optician on the Executive Council's list free of charge to the parents.

Several Medical Officers report that cases of squint were rarely seen for the first time at school medical inspection ; most cases being already under treatment before the child attended school.

ORTHOPTIC SERVICE.

Three Orthoptists have been employed throughout the year and apart from the north of the county the clinics have been fully staffed. It is hoped to improve the position in the north of the county during the coming year. The total number of orthoptic sessions are shown in Table 5 and these decreased slightly last year ; this being due to a slight decrease in the number of cases requiring treatment. The numbers vary from year to year and depend on the opinion of Consultant Ophthalmologists whether a case requires orthoptic treatment or not.

Wherever possible orthoptic clinics are held at the same time as ophthalmic sessions so that the cases can be discussed between the Orthoptist and the Ophthalmologist. Several medical officers comment on the increasing number of children under five years, referred to the Clinic with squint and this satisfactory situation is also mentioned by the Orthoptists in their reports.

Miss Davie reports that : " 1960 has shown a steady flow of new cases, all of which have been absorbed within two to three weeks after they have been referred by the Ophthalmic Surgeon. There has been no waiting list for these cases needing surgical help, and the practice of not bandaging both eyes post-operatively has been continued throughout the year with no detriment to the ultimate result and psychologically very beneficial.

"There has been an encouraging number of children under five whose mothers have sought advice as soon as squint has developed. These cases are much more time consuming due to slow co-operation but very worthwhile with regard to the ultimate cure. The old problem of arranging visits still remains, particularly with so many mothers who are working and others who are loath to let their children miss schooling ".

Miss Jeavons states that : " during 1960, the work at all clinics was variable and the busiest months were September and October. It was found necessary in July to reduce the number of sessions at Boreham Wood from five per fortnight to four, the extra session being spent at Vale Drive Clinic giving two sessions there per week with the advantage that the Ophthalmologist and Orthoptist could work at the clinic together ".

Miss Jeavons also comments on the fact that more children are being referred before reaching school age so that treatment can be commenced soon after the onset of squint and gross amblyopia prevented.

Table No. 5.—Orthoptic Clinics, 1960.

Centre	Sessions	ATTENDANCES			NUMBER		Number of cases awaiting preliminary examination as at 31st December, 1960	Waiting list of new cases for regular treatment as at 31st December, 1960
		Pre-liminary	Treat-ment	Observa-tion	Total	Improved or cured	DISCHARGED Unco-operative and left district	
Watford . . .	366	138	837	1,612	2,587	32	18	—
St. Albans . . .	125	99	81	586	766	28	18	—
Hatfield . . .	90	34	151	194	379	8	6	—
Hemel Hempstead . . .	166	76	42	628	746	17	65	—
Barnet . . .	88	25	120	151	296	5	8	—
Waltham Cross . . .	80	25	78	154	257	9	7	—
Ware . . .	81	51	65	300	416	13	36	—
Stevenage (Peartree) . . .	49	29	20	227	276	3	5	—
Welwyn Garden City . . .	94	42	177	234	453	9	9	—
Boreham Wood . . .	101	136	155	165	456	8	10	—
Oxhey . . .	92	16	291	340	647	15	1	—
Totals . . .	1,332	671	2,017	4,591	7,279	147	183	—
							12	—

DEFECTS OF THE EAR, NOSE, AND THROAT.

Several medical officers report a slight increase in middle ear infection throughout the year and this is confirmed from the figures in Table 2.

Dr. Batty reports : " Otitis media has been encountered more frequently during the last year especially in association with catarrhal conditions. These are usually isolated cases which are badly in need of tonsillectomy ".

Dr. Colman states : " that the striking feature during the autumn months has been the marked increase of acute Otitis media " and suggests that it might have been due to some specific virus.

Middle ear infection is usually treated with modern drugs and the large numbers of long standing cases which were a feature of school medical examinations in the past are now seldom seen. Where treatment is not effective, the child may suffer educationally due to frequent absence from school, while chronic middle ear infection may lead to periodic deafness.

School Medical Officers are aware of the many problems arising from the various degrees of deafness in the schoolchild and are continually on the look-out for this condition. With the greater stress now being laid on the earlier ascertainment of deafness in the younger pre-school child, many cases of deafness are diagnosed before the child enters school. As a result the number of cases of defect of hearing noted at school medical inspections during the year fell slightly. A number of new cases of deafness, however, will always be observed at school owing to those conditions which develop during the child's school life.

Hearing tests were carried out by School Medical Officers but the conditions at both clinics and schools are not ideal for accurate testing and doubtful cases were referred for testing by means of the audiometer. In the past these cases were referred to the Audiology Unit of the Royal National Throat, Nose, and Ear Hospital, Gray's Inn Road, London, or to Tewin Water School.

The Peripatetic Teacher of the Deaf has now completed a full year in the service of the county, and besides providing training and teaching for deaf children he has been able to carry out assessment of suspected cases of deafness at various centres in the county. This has been more convenient for the parents, and has led to a closer contact between him and the various School Medical Officers. The use of the Peripatetic Teacher has greatly assisted in the early detection of hearing defects and several medical officers have mentioned the value of his diagnostic work. Where the audiometric readings show some abnormality of hearing, the child is referred in the usual way for further medical advice.

One cause of deafness is catarrh, which seems to be more prevalent in the south-east and south-west corners of the county.

Dr. Karpati states that : " nearly one-third of all children suffer from recurrent nasal catarrh. Whatever the treatment the results are not satisfactory ".

Infected tonsils are still reported though not in such numbers as previously and the incidence of tonsillectomy varies from area to area.

SPEECH THERAPY.

The staffing position with regard to Speech Therapists has been most satisfactory and all the clinics have been fully staffed during the year. Four Speech Therapists have been appointed, filling two vacancies from resignations, and giving an overall addition of two Therapists, to bring the total up to the equivalent of seven whole-time appointments.

There has been a large increase in clinic sessions and in the total number of attendances ; these being shown in Table 6. This has resulted from an increase in staff and the fact that children can now be seen at more regular intervals than previously. It is gratifying to note that the waiting list in respect of new cases at the end of the year was very small.

Mr. Willmore, the Senior Speech Therapist has had more time allocated to the supervision of the Speech Clinics and has been able to visit the clinics more frequently, to discuss problems with the staff and advise them in regard to difficult cases.

He reports : " provision for the treatment of children with speech and language disorders has been well maintained. Statistics show an increase of 514 sessions and 2,153 attendances over the 1959 figures. Cases in which speech defect is rooted in more general mental or physical impairment require special investigation and are referred to the consultants for advice and treatment when necessary. A few children have been referred to the Diagnostic Unit of Moor House School for examination and assessment under the direction of Dr. Worster-Drought."

Table No. 6.—Speech Therapy Clinics, 1960.

Clinics	Sessions	Attendances	No. of Children as at 31.12.60		Waiting List of new cases as at 31.12.60
			Under treatment	Under observation	
<i>North Herts.</i>					
Letchworth . . .	20	120	9	5	7
Stevenage . . .	214	1,154	36	26	15
Hitchin . . .	53	278	12	8	16
Royston . . .	14	84	7	3	—
<i>St. Albans.</i>					
St. Albans . . .	418	1,992	51	48	11
Harpenden . . .	41	218	6	11	6
Boreham Wood . .	281	1,586	68	45	19
London Colney . .	45	278	8	1	5
<i>Dacorum.</i>					
Hemel Hempstead .	251	1,221	35	50	4
Berkhamsted . . .	47	207	5	9	—
<i>Mid Herts.</i>					
Hatfield . . .	162	894	24	24	2
Welwyn Garden City .	149	966	33	16	5
<i>South Herts.</i>					
Barnet . . .	204	1,086	31	50	—
East Barnet . . .	166	814	26	37	7
<i>Last Herts.</i>					
Waltham Cross . .	82	428	22	19	3
Hoddesdon . . .	133	794	21	29	—
Ware . . .	44	217	9	6	1
Bishop's Stortford .	96	408	12	11	3
Hertford . . .	93	425	13	22	2
<i>South-West Herts.</i>					
Watford . . .	256	1,648	51	32	7
Rickmansworth . .	43	367	15	6	5
Oxhey . . .	223	1,119	44	31	6
Totals . . .	3,035	16,304	538	492	124

ORTHOPAEDIC DEFECTS.

Although the defects in this category remained high, they showed a decrease from 1959 during which year there was a sudden rise. This rise may have been due to the increased publicity in regard to footwear which no doubt brought more forcibly to the notice of the staff the dangers of unsuitable types of shoes.

Most medical officers comment on the subject of footwear. Dr. Colman states : " the trouble still continues with teenage girls and their footwear. Casual slip-on shoes are bad enough but the fashion for pointed toes makes the shoes more unsuitable and foot deformities are very common. It seems that

girls generally choose their own shoes in defiance of the better judgement of their mothers ”.

Dr. Ormiston notes : “ that there is little use in giving further advice to girls of fourteen and upwards. In cases where the school disallows stiletto heels some of the girls can be seen going home in them, having changed their shoes before departing from school. An effort is being made to try and persuade the younger girls to acquire suitable shoe habits ”.

Dr. Moynihan makes the observation that : “ shoes of a suitable style ought to be included in the school uniform. It seems incredible that a navy gym tunic without aesthetic sense or any virtue from the education or physical standpoint can be compulsory, but shoes which will teach the girls to take care of their feet in comfort cannot be included ”.

Dr. Wright suggests that : “ with the growing popularity of exaggerated styles in men’s and boys shoes the foot trouble previously found to be more prevalent among girls will show a marked increase among boys ”.

Postural defects continue to account for a high proportion of orthopaedic defects. Dr. MacRae reports : “ that postural defects are more common in older children and it is gratifying to see the improvement which takes place after a course of remedial exercises. At some schools, however, there are no remedial classes but increased activity with physical education has helped a great deal. It would be helpful, however, to see remedial classes at all those schools ”.

I am grateful to the County Organizer of Physical Education for kindly supplying the following report on remedial work in the schools.

“ The specialists in physical education in secondary schools continue to carry out regular treatment of minor postural and foot defects. A number of cases in primary schools are referred to the clinics by the School Medical Officers. These children are dealt with by the remedial specialist.

“ The asthmatics still form the largest group and the number of cases treated were :—

<i>Area.</i>	<i>No. of children.</i>	<i>No. discharged.</i>
Barnet	37	14
Boreham Wood	15	1
Watford	35	1
Dacorum	18	—
Mid Herts	17	—

“ 103 children have attended classes for postural defects and seventy-four children have attended classes for foot defects. Visits have been made to schools in the Barnet, Boreham Wood and Watford areas for regular treatment and talks given to parents and women’s guilds.”

ENURESIS.

The problem of enuresis or bed-wetting is one which has presented difficulties to School Medical Officers for many years. It is now generally recognized that enuresis is usually a symptom of some emotional disturbance and where this disturbance is severe it may be necessary to seek a psychiatric opinion. In the less disturbed cases, however, it has been found that treatment of the enuresis itself, together with sympathetic handling by the School Medical Officer, may do much to alleviate tensions and so bring about a cure.

Various methods have been used in the treatment and some authorities claim a higher success rate with one method rather than another. There have been many favourable reports in the last few years on the use of the enuresis alarm. Several of these alarms are now in use in the county and reports have been favourable.

Commenting on the subject, Dr. Burgess states that : “ one of the most troublesome findings during school inspections has been the high incidence of

nocturnal enuresis among school children of all ages. Some useful work has been done by using the school clinics as consultation clinics where parents can come and discuss their very real problems and mothers can feel that the child is not peculiar but one of several similar children who require help. A great deal of understanding is required in the handling of these cases. Nocturnal enuresis among older children has been a subject of real interest and can give a great deal of scope for help and treatment, as it is one of the most distressing complaints an adolescent could have to contend with. A bell apparatus is available and the older children who have used this have found the results extremely satisfying".

Dr. Howarth reports that an Enuresis Clinic has been in operation in his area for the past twenty months where five machines are now in use. The duration of treatment lasts from six to twenty-five weeks ; the average being near the lower figure. The overall success was 65 per cent which shows that the alarm is a valuable method of treatment.

Dr. O'Reilly and Dr. Crawley have also reported favourably on the use of the electric alarms.

SMOKING HABITS.

Several medical officers have made observations on the smoking habits of school children. Dr. Richards carried out an investigation of the fourteen year-old children whom she examined at grammar schools and secondary modern schools. All those who attended without their parents were questioned on their smoking habits. Questions about smoking when parents were present were bound to cause embarrassment and it seemed unlikely that the replies would be of any value. From analysis of the results it was found that about 50 per cent of boys of this age group smoked cigarettes, while over a third of those were smoking twenty or more cigarettes per week. The incidence of cigarette smoking among girls was approximately 10 per cent and none of those smoked more than twenty cigarettes weekly.

There was a higher incidence of cigarette smoking among the boys in secondary modern schools compared with those boys at grammar schools.

The results of this investigation were not statistically significant on account of the small numbers involved, but gave some indication of the present trend in smoking habits of school children.

Another investigation was carried out in the Oxhey Estate by Dr. Barasi in conjunction with the London School of Hygiene. This area was selected for field research in the smoking habits of school children as it contained two secondary modern schools of comparable social groups. An analysis of the smoking habits of the thirteen to fourteen year-old age group in both schools were obtained by means of a questionnaire. Besides being asked questions on their smoking habits and those of their parents, the pupils were questioned on their attitude to smoking, in order to estimate their reason for starting to smoke. One of the schools was selected as a control while in the other school a vigorous anti-smoking campaign was provided, which consisted of a poster display prepared by the Central Council of Health Education together with talks by the Headmaster, class discussion and films.

The results of the investigation showed that there was no difference in the smoking habits at the two schools at the beginning of the investigations, while a further assessment after the anti-smoking campaign showed a similar result. There had been, therefore, no reduction in smoking despite the campaign.

Dr. Barasi states : " to change the long-standing habits of a community, especially with the whole family participating, must require more than a short-term campaign at school, which cannot hope to compete with the pressure of advertising in the Press, on television and on the street hoardings ".

SCHOOL DENTAL SERVICE, 1960.

The Principal School Dental Officer reports :—

“The staffing difficulty continues to be a problem for which there is no immediate solution. This year has seen more than the usual number of changes amongst the full-time officers. Three whole-time dental officers and one Orthodontist joined the service, but these appointments were regrettably counterbalanced by the resignation of four whole-time officers. In addition, three sessionally paid part-time officers transferred to full-time posts, whilst one full-time dental officer elected to do part-time work only. Movement of part-time officers has shown a similar pattern to previous years, with ten part-time dental officers joining the service, one of whom resigned during the year. In addition, six part-time dental officers, who had joined in previous years, left the service. The net result of all these changes produced a staff total at the 31st December of seven full-time dental officers, two full-time Orthodontists and twenty-six part-time officers. The sum of the sessions carried out by these three groups being equivalent to approximately $17\frac{1}{2}$ full-time officers, whilst the corresponding figure last year was $16\frac{1}{2}$ officers.

“A new clinic was brought into use at the close of the year, at Stevenage. This centre is the first of its type to accommodate two dental surgeries, and is furnished with high-speed cavity preparation equipment and full X-ray facilities for routine and orthodontic cases. This clinic, situated in the Principal Health Centre, has replaced a temporary clinic at Barclay School, which during the last three years, has been restricted to orthodontic treatment only. Dental treatment facilities were made available at Buntingford, early in the year, by an adaptation to the medical room at the clinic, which formed a small operating bay. Although it has not been possible to staff this clinic for more than one session per week, this limited service has been appreciated by the parents of children who previously had to make long journeys in order to obtain treatment.

“The McNair Committee, which published its report in 1956, recommended the setting up of two Standing Committees on dental health education, one for England and Wales and one for Scotland. The terms of reference of these bodies were :—‘To examine in all their aspects the measures necessary to secure public awareness in dental matters, to advise on the form that publicity should take, and ensure that the several agencies carrying it out work together.’ Unfortunately the report of the English Committee has been unavoidably delayed, but the Scottish Committee has recently published an interim report which is of particular interest to all local health authorities.

“The introduction to this report sizes up the problem of dental health education in the following words—‘For some years commercial manufacturers have tried, with only limited success, to increase the proportion of the population who use a toothbrush regularly and thoroughly. Yet our task would be relatively easy if a change in the toothbrush habits were all that was required to check the rising tide of dental decay. We believe, however, that the root cause of the increase in dental decay lies in the increased consumption of sweets, “lollies”, fruit drinks and biscuits between meals, and that any effective dental health education campaign must aim at keeping our mouths empty for longer periods than at present’.

“Within the last year or so, there has been evidence of an increased interest by parents in the importance of the effect of diet on teeth, and of the measures that should be taken to increase oral health in their children. With the introduction of some new and excellent material in the form of posters, booklets, and leaflets, published by the Oral Hygiene Service, it was considered an appropriate time to introduce a widespread campaign to convey to children the importance of some simple rules for the care of their teeth. After discussion with the County Education Officer arrangements are being made for the distribution of dental health education material to all maintained schools within the county, early in 1961.

"A further improvement in the orthodontic service took place during the year, when a second full-time Orthodontist was appointed to the staff, and took up duties on the 1st April, thus bringing the total of Orthodontists employed to two full-time officers. This appointment has enabled orthodontic cover to be given to additional areas in the county, and has resulted in a substantial reduction in the size of waiting lists at the large majority of clinics at present served by the scheme. In addition to the work carried out by the Orthodontists, a small amount of orthodontic work, of a less complicated nature, was undertaken by a few dental officers who have a special interest in this type of treatment. The figures relating to orthodontic treatment in Part 4 of the statistical tables represent mainly the work of the Orthodontists, whilst a small proportion of these totals represent orthodontic treatment carried out by dental officers.

"Satisfactory trials of a high-speed drill at one of our clinics in 1959 gave rise to the purchase and installation of six of these drills in established clinics during the year. The advantages of this method of cavity preparation were therefore made available to a reasonable proportion of our dental officers and their patients, during the second half of the year.

"The total number of sessions devoted to inspections and treatment varies little from last year, and from this it may be deduced that the average total staff force was approximately similar. In relation to dental officer strength as distinct from Orthodontist strength, there has been a drop in the number of sessions given to routine dental treatment, and this has inevitably been reflected in the volume of operative treatment carried out. With the improvement in the orthodontic staffing position, there has, of course, been a substantial increase in the volume of orthodontic treatment undertaken, and total attendances for this type of work have risen from 4,187 attendances in 1959 to 7,318 this year.

"In concluding this report, the hope is expressed that the future may see improvement in the staffing position amongst dental officers, comparable with that which has occurred during this year in the orthodontic service."

HANDICAPPED PUPILS.

The formal ascertainment and the subsequent placement if necessary, of handicapped pupils in special schools are the duties of the Education Authority under Section 34 of the Education Act, 1944. The School Medical Officers are responsible for the completion of the official forms which include the recommendations on the future educational placement of the children. A medical officer's final recommendation may entail many months or indeed years of patient work with help from teachers, nurses and social workers. It is most likely that the child will have been given an opportunity to lead a normal school life before embarking on some special form of education.

Dr. Harrison states that : " Head teachers continue to accept quite severely handicapped children in schools and great credit is due to teaching staff who care for these children in addition to their usual duties ".

A great deal of co-operation is essential and apart from the reports of the school doctors, nurses and the head teachers, there must be a free exchange of information between the School Health Service, the general practitioners and the hospitals. Any extra effort involved is rewarding and worthwhile however, and it gives great satisfaction to see those handicapped pupils progressing and, with help and guidance, overcoming their handicap.

Table No. 7. —Handicapped Pupils Receiving Special Education.

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Sub-normal	Maladjusted	Epileptic	Speech Defects	Total
Attending Day Special Schools .	—	11	3	6	—	17	302	9	—	—	348
At Residential Special Schools .	25	19	33	43	43	59	178	173	16	7	596
At Home* .	—	1	—	—	1	40	9	16	2	—	69
In/at Hospital Units * .	—	—	—	—	60	11	—	—	—	—	71
Total .	25	31	36	49	104	127	489	198	18	7	1,084

* Section 56, Education Act, 1944.

It will be noticed that the largest group of handicapped pupils are the educationally sub-normal and the waiting list unfortunately still remains high. With the completion of the new special school in Stevenage, the waiting list should be considerably reduced. Before a child is admitted to a special school, a full psychological examination is carried out by the Education Psychologist.

Following this, one of the medical officers who is recognized by the Ministry of Education for the ascertainment of educationally sub-normal children, examines the case and taking into account the reports of the head teacher and the Educational Psychologist, submits a recommendation regarding the child's future educational need.

The other large group of handicapped pupils are those who have been ascertained as maladjusted. Placement of these children in many cases produces problems. The special schools at Epping House and Boxmoor can cope with a large number of the cases, but there remain a proportion who are so severely disturbed that they would be too distracting for these schools. The number of places available for these children, especially for the older group, are limited and great difficulty may be found in placing them.

The provision of hospital accommodation for the severely psychotic adolescent is still far from adequate and this class of child often has to remain at home for long periods with only home tuition being provided.

Consideration is being given to the need to have a special establishment for "brain-damaged" children in the county which would include facilities for education.

With regard to the other categories, places are usually found soon after the decision has been made with regard to the appropriate type of placement.

During the year, with the implementation of the Mental Health Act, 1959, there have been amendments to the Education Act, 1944, in respect of children unsuitable for education at school. The effect of the changes is to extend the right of the parents, to simplify administrative arrangements and to alter certain legal procedures. Children who were previously reported as "incapable of receiving education at school" will now be dealt with as "unsuitable for education at school" and in appropriate cases the Local Health Authority is recommended to arrange for training at their training centres or in hospitals. Parents are now given the right to request a review by the Local Education Authority at intervals of not less than one year after a previous application and they have the same yearly right of appeal to the Minister concerning the decision of the Local Education Authority.

During 1960, thirty-nine children were ascertained as being either “incapable of receiving education at school” or under the new amendment “unsuitable for education at school”.

It is no longer possible for the Education Authority to make a statutory report to the Local Health Authority in the case of school leavers considered to need supervision. Local Health Authorities have a duty to provide services for the community care of mentally disordered persons and informal action between the Local Education and the Local Health Authorities can enable the community care services to assist wherever necessary.

Prior to the 1st November, 1960, when the new regulations came into effect twenty-two children had been stated to require statutory supervision.

COMMENTS ON THE INDIVIDUAL CATEGORIES OF HANDICAPPED PUPILS

Blind.—25 at special schools ; no waiting list.

The advice of the Royal National Institute for the Blind is always sought when new cases of blindness are found. There are two methods by which the Institute can assist these children. They may either admit the child to one of their homes or, if it is thought that special schooling is not necessary for the time being, may give advice to the parents on how to handle the blind child. This service is of great value to the mother with a young blind child. At the moment there are two children under the age of five years who are on the Blind Register but are not considered to be suitable for admission to special schools. Both of these children have defects other than blindness and are remaining at home for the time being.

Of the twenty-five children in special schools, two of these are attending Sunshine Homes by arrangement with the Royal National Institute for the Blind, who provide special educational treatment for children from two to seven years of age.

Partially Sighted.—30 at special schools ; 3 on waiting list.

Of the three children on the waiting list, two have only recently been ascertained as requiring education in a special school and it is anticipated that arrangements can be made for their admission fairly soon. The third child is three years of age and therefore cannot be admitted to a special school at the moment.

Besides those children admitted to special schools, one child is having home tuition because she is unsuitable by reason of other physical defects for admission to a school.

In addition to those mentioned above, there are eleven children who are on the Partially Sighted Register but who are coping satisfactorily in the ordinary school. These children are kept under regular review by the Ophthalmologist. There is not usually much difficulty in obtaining places at special schools for partially sighted children.

Deaf.—36 at special schools ; 2 on waiting list.

It is of interest to note in Table 8 that the number of children attending special schools for the deaf has fallen slightly over the last few years and that there has been a corresponding rise in the numbers attending schools for partially deaf children.

Table No. 8.—Number of Deaf and Partially Deaf Children at Special Schools.

Year	Number of pupils at Schools for Deaf	Number of pupils at Schools for Partially Deaf
1956	46	33
1957	44	38
1958	43	39
1959	37	49
1960	36	49

This is a natural development from the increasing awareness of deafness in the young child and the earlier ascertainment of deafness. It is generally agreed that, the earlier deafness is ascertained and treatment instituted, the better will be the ultimate prognosis. It is hoped that deafness can be diagnosed in infancy and hearing aids are now being provided at a very early age. The result of this policy is that children formerly classified as deaf, now improve to such an extent that they may fall into the partially deaf category.

Vacancies at special schools for deaf children can usually be found fairly quickly for children over the age of five, but there are longer delays for younger children. Both the children on the waiting list are under the age of five but it is hoped that they will be admitted to school in September, 1961.

The question of admission of deaf children to a special school before the age of five creates a problem. Although early provision of special education usually has beneficial results, at the same time one must bear in mind the effects on the young child of separation from the parents at an early age. There is obviously no hard and fast rule and each case must be considered on its merits. Where the parental understanding and co-operation is good, then it may be possible for the child to remain at home for a longer period before attending special school. On the other hand when the parents are unable to cope adequately with the child's training, even with the help of the Peripatetic teacher, then early placement at a school is advantageous. One possible solution to this problem is the provision of a small partially deaf unit attached to a nursery or infant school, where the deaf children have special training from a teacher of the deaf, at the same time entering as far as possible with the normal school life.

Use is made of a private school for the younger deaf and partially deaf children which, being situated locally, allows the children to return home at weekends. The school is run as a number of units in a homely atmosphere, in order to minimize any effect that the separation may have on the young child. Transport is provided to bring the children home each weekend.

Partially Deaf.—49 at special schools ; 5 on waiting list.

Of the five children on the waiting list, two are awaiting admission to Tewin Water School and the other three to the special school mentioned previously.

Besides those children in special schools, ninety-nine children have hearing aids and attend the ordinary school. There are also thirteen children with hearing aids who have other disabilities and are attending special schools appropriate to their needs. A further seventeen children under the age of five are known to have hearing aids.

Some children cannot gain as much benefit from the type of hearing aid supplied under the National Health Service because of the nature of the hearing loss, and in these cases the Local Education Authority has met the cost of the special aids required. During the year seven children were helped in this way and there is no doubt that the provision of such aids has been beneficial.

There are at present eighty-six children at Tewin Water School for the partially deaf ; thirty-one from Hertfordshire and fifty-five from other Authorities. There are only a few schools of this type in the country and Tewin

Water, therefore, accepts pupils from a very wide area. An interesting feature of Tewin Water School is the close link between the school and the Mid Herts College of Further Education where a number of the partially deaf children attend regularly during their last year. The courses include Commercial Arithmetic, English, Typing, Office Practice, and Housecraft Classes for girls, while boys may attend classes in Commercial Arithmetic, English, General Science, and Workshop Practice.

This year has seen the completion of the first full year's service by the Peripatetic Teacher of the Deaf. Many school medical officers report the benefit of having a Peripatetic Teacher of the Deaf available. The numbers of deaf children, however, are such that it has been impossible for the teacher to devote enough time to each child and it is planned to appoint a second teacher in 1961. Mr. Simpson has supplied the following report on his work :—

“ During 1960 the service for deaf and partially deaf children outside special schools became effective.

“ The first part of the year was partly taken up in continuing an initial survey. At the same time urgent cases were taken in hand progressively. In March about twenty children were benefiting from routine calls while by May the number of children being seen regularly had increased to about thirty-one.

“ By July, 1960, all known cases had been visited and it became possible to initiate a routine programme of teaching work, to devote a half day weekly to hearing assessments, and to see new cases within an early date after assessment. Of the approximately 150 children with educationally significant losses, forty-one were being seen regularly from September to the end of 1960 ; visits being generally on a fortnightly basis, though a few were visited weekly and a small number monthly. This catered for only the most outstanding needy cases, and the necessity for further help became apparent.

“ During 1960, a total of 811 visits or training sessions were carried out ; fifty-four assessments of hearing were made and reports submitted.

“ The actual work carried out as a routine service falls under three defined headings, viz :—

(a) *The Under-fives.*

These cases are taken on from babyhood, and the aims are :—

- (i) To educate the parents into the implications of the handicap.
- (ii) To assist in the problem of the acceptance of the aid.
- (iii) To instruct the parents in the methods to use in training their children in such a way as to stimulate and encourage language development.
- (iv) To demonstrate the latter through progressive stages of development by training sessions actively carried out with the child and observed by the parents.
- (v) To advise the Authority regarding progress, and eventual educational placement.

(b) *Children of School Age.*

- (i) To advise teachers on the special needs of partially deaf children in regard to adjustment of teaching technique, use of the aid, seating in class, and the nature of the handicap.
- (ii) To give individual help to such children, to include :—
 - 1. Language development.
 - 2. Auditory training to improve hearing discrimination within the limits of the child's residual hearing.
 - 3. Speech improvement.

(c) *Hearing Assessments.*

To see children at the various clinics at the request of the County Medical Officer in order to assess the hearing ability of children where this may be suspect, and to render a form of report incorporating an audiometric graph where possible.

“In general it is felt that the service is becoming an effective educational factor in this field of work, assisting in the integration of an increasing number of partially deaf children into the ordinary school environment. Two rather exceptional cases may perhaps be quoted. One child under five in a Barnet day nursery, taken in hand in February, 1960, was not speaking and paid little attention to language. With good co-operation from the Matron he is now thoroughly oral and communication capacity is towards normality. A boy in a Hemel Hempstead infants school was not making any educational progress. His speech was unintelligible and he had abandoned his hearing aid. He now wears and accepts the Aid, speech is easily intelligible if slightly defective, and he has progressed to the junior school where he is able to be competitive within his class.”

Delicate.—43 at special schools ; 4 on waiting list.

Most children who require special schooling at open-air schools are admitted for periods varying between one and two years. In a few cases, however, it is necessary for children to remain at the special school for the whole of their school career.

It is fairly easy to find vacancies for children at open-air schools though difficulty is sometimes found in regard to placement of senior pupils. Three of the cases on the waiting list have only recently been ascertained and it is hoped to find vacancies for these children early in 1961. The fourth child on the waiting list is a special case and a vacancy will probably be available for him in April, 1961. One child of six years of age is so delicate that he is unsuitable for admission to either an ordinary or special school and is at present receiving home tuition.

Physically Handicapped.—76 at special schools ; 14 on waiting list.

The admission to special schools of physically handicapped pupils varies according to the type of disability, and to the age and sex of the child. Admission may take place within a few weeks but in some cases the waiting time extends over many months. Three children on the present waiting list have been waiting for a place for over a year. Of the fourteen children at present on the waiting list, four are receiving home tuition, three are attending ordinary schools, two are attending a nursery school, one is in a Hospital special school, two are awaiting admission to training college and a further two are so handicapped as to be unlikely to benefit from home tuition at present.

At the end of 1960 there were fifty-one physically handicapped children receiving education under arrangements made by the Local Authority otherwise than at school. Eleven are children suffering from cerebral palsy who attend the Western Cerebral Palsy Centre, the Local Authority being financially responsible. Eighteen children are unsuitable for admission to any school and are being educated at home, while four more are receiving home tuition while awaiting admission to a special school. A further eighteen are short-term medical cases.

One hundred and twenty-eight physically handicapped pupils are at present in the ordinary schools, sixty-two of these being conveyed to school by special arrangements made by the Local Education Authority.

Educationally Sub-normal.—480 at special schools ; 110 on waiting list.

There are still long waiting lists of children recommended for special education but the general position should be greatly improved during the

coming year. Broxbournebury has previously been purely a boarding school for girls of all ages and junior boys, but day pupils are now admitted. A new wing is to be erected during the next few months and the numbers will then be increased to 130. Kingsmead School for senior boys continues to accept resident pupils from the whole county and day boys from East Hertfordshire and part of South and Mid Hertfordshire. Pressure on the two day schools, Garston Manor and Colnbrook, is still heavy but the new school in St. Albans which the Ministry has approved for the 1962-63 programme should considerably ease the position. The new school at Stevenage should be opened early in 1962 and will meet an urgent need for special education in North Hertfordshire.

Maladjusted.—182 in special schools ; 42 on waiting list.

The problem of finding suitable schools, or hospital places for the more severely disturbed, becomes more rather than less difficult. The new wing at Boxmoor House has not been built as quickly as was hoped; when it is completed it will increase the accommodation available particularly for boys who can attend daily.

The needs of disturbed junior boys are largely met by Epping House and by residential schools outside the county. For girls, older boys and severely disturbed cases, however, accommodation appears to be insufficient, both in Hertfordshire and in the country as a whole.

Most schools for the maladjusted appear to find increasing difficulty in recruiting suitable staff who can stand the strain of dealing with emotionally disturbed children.

Epileptic.—16 at special schools ; no waiting list.

There is very little delay in arranging a child's admission to a special school for epileptic children. At the moment two epileptic children are receiving home tuition.

Speech Defects.—7 at special schools ; 2 on waiting list.

There are only two recognized special schools in the country which admit pupils with serious speech defects and there is, therefore, a long waiting list. Admissions are arranged following examination and observation by the Medical Consultant to the special schools. Both the children on the waiting list are receiving speech therapy from the county Speech Therapists.

Home Tuition.—Home tuition is provided for five to ten hours weekly for children who are awaiting admission to special schools, but who are unable to receive education in the ordinary schools.

Home tuition is also provided for educable children who are considered unsuitable for admission to either ordinary or special schools.

Arrangements are made for home tuition to be provided for any child discharged from hospital who is not likely to be fit to attend school for some time.

Sixty-nine children are receiving tuition at home and a further eleven children attend special centres for their tuition.

CHILD GUIDANCE SERVICE.

The Child Guidance Clinic has remained centred in Hill End Hospital, St. Albans. Branch clinics were held at Watford, Barnet, Hoddesdon, Bishop's Stortford, Hitchin, and Welwyn Garden City, in County Health Centres.

The demands on the service continued on a high level and taking into account the various staff difficulties mentioned by Dr. Lucas in her report, the waiting period has not been excessive. Cases may be referred by the General Practitioner or by the School Medical Officer.

Besides those children who were seen at the Child Guidance Clinic many

receive help educationally through the School Psychological Service by direct referral from the head teachers. When the Psychologist feels that a full child guidance investigation is necessary, the child is then referred by the appropriate School Medical Officer.

Dr. Lucas reports : " 1960 has been a year of changes in the staffing of the clinic. In July Dr. Martin Doyle, who had been with us for many years, died after a long and painful illness. We much regret the loss of a very friendly and popular member of the staff. At the time of writing no successor to his post has been appointed. In May Dr. Agnes McGlashan, and in August, Dr. L. B. Bartlett resigned, both for senior posts. In June Miss M. E. Gurney joined our staff as part-time Psychotherapist, replacing Mrs. Mundy who left in October, 1959, and in October Miss C. McCall joined our staff as Psychiatric Social Worker. By September Mrs. Gregory and Mr. Haskell had joined the staff as psychologists, making the psychological establishment, for the first time, up to size. The changes of staff have had an adverse effect on the number of available sessions, and the psychiatric sessions in 1960 were 254 less than in 1959, and 401 less than in 1958, the latter figure representing almost the equivalent of one full-time psychiatrist. This has inevitably led to some difficulty in keeping pace with demands upon the service, particularly as during 1960 the number of referrals increased by $12\frac{1}{2}$ per cent and the current cases under treatment by $14\frac{1}{2}$ per cent.

"This marked reduction in psychiatric sessions has meant, for the time being, that the teamwork on full child guidance cases has required somewhat less time from the psychologists than we needed in 1958, when we had three full-time psychologists. This has afforded the members of the psychological group an opportunity to go ahead in developing the School Psychological Service, and it will no doubt be increasingly valuable, as time goes on, for teachers to have direct and easy access to psychologists in relation to all aspects of the child's life within the school. Close liaison could do much to prevent many problems arising, which, if they are not appreciated at an early stage, lead later on to more serious emotional and behaviour problems in the child.

"Throughout the year the emphasis has been on closer relationships with all the other services in the county involved with children. We have noted with pleasure, for instance, the increasing use of our service by children's departments in support of foster home placement, where difficulties between foster parents and the children in their care are developing. There has also been a greater tendency than formerly for members of staffs of various children's hospitals to refer children requiring operations and being afraid to face this ordeal, and in some instances very brief therapy has produced gratifying results.

"The provisions of the new Mental Health Act are placing a greatly increased responsibility on Local Authorities, and it is hoped that this clinic will be able to work closely with the Community Care Services. Although the provisions of the Act are, in general forward-looking and constructive, the absence of certification of psychotic parents has already increased one of our problems, namely, the too-early return of mentally ill parents to their homes, with consequent severe disturbance of the children of these families.

"During the year the question of the various types of provision made for accommodation and education of 'brain-damaged' children with severe behaviour disturbances was considered. This is a group which often requires exceptionally skilled handling on a long-term basis, and it has already been shown by our follow-ups that, given this appropriate handling and care, some of these children can, in a period of years, develop into normal members of the community. A proposal for a new type of centre for these children has been put forward and it is hoped that plans for an appropriate centre will be made.

"There are, however, in the community, a certain number of quite young 'brain-damaged' children who could, with clinic supervision, be adequately contained in their own homes provided they could receive educational help in a small class for day maladjusted children under a skilled teacher. A class of

this type has been successfully run in one area, and it is hoped that similar classes may in due course be developed in schools near each of our existing branches. It is possible, moreover, that if, in the county, there were further hostel accommodation for certain older maladjusted children, whose problems lie in the home rather than in the school, some of the children at present sent to boarding schools outside the county could remain within the county under the clinic care. This plan is already in being at Boxmoor School, and there are indications that it is filling an important gap in the services.

"The ' school phobias ' are still with us, and in the past year there seems to have been an increase of this symptom among the older children, including those towards the end of their grammar school career. As in previous years these children show long term personality problems in their relationships, and there are invariably no significant difficulties relating to school itself.

"During the year seminars for various groups, such as Health Visitors, Children's Officers, Probation Officers, etc., have been running at Hill End, Watford, Hoddesdon, Welwyn Garden City, and Hitchin, and at Hill End an evening ' Fathers' Group ' and a day-time ' Mothers' Group ' were also in being. The child guidance exhibition was taken for a one-day demonstration to two training colleges in the county, and the Cambridge Institute of Education visited the clinic for this purpose. The exhibition was also shown at Hill End, Watford, and Welwyn Garden City during the Mental Health week in July. Fifteen lectures were given by the staff on various subjects during the year. Our headquarters has been rehoused at ' Orchard Gates ' in premises which, though no more commodious, are surrounded by gardens and are much more attractive than formerly. The Bishop's Stortford clinic has also been transferred to better premises. It is hoped that, if the gaps in our ranks are filled, 1961 will be a further year of progress."

Table No. 9.—Summary of Child Guidance Cases, 1960.

	0-5 yrs.	5-15 yrs.	15-17½ yrs.	Total.
No. of current cases, 1960.	66	1,592	80	1,738
New cases referred during 1960	36	602	30	668
Old cases referred again	—	60	6	66
Cases brought forward from 1959	30	930	44	1,004
Total No. of interviews (inc. after-care)	324	8,607	256	9,187
Psychiatric	60	3,112	134	3,306
Psychological	26	1,255	26	1,307
Psychiatric Social Workers	238	4,240	96	4,574
Total No. of lectures and talks, 1960				15
Child Development Interviews, 1960 (P.S.W.)				
Welwyn Garden City and Stevenage				304

School Psychological Service.

	0-5 yrs.	5-15 yrs.	Total.
No. of cases referred during 1960	38	559	597
No. of new cases seen	16	626	672
No. of retests	—	309	309
No. of follow-up interviews	—	423	423
No. of parents seen			258
No. of Home Visits			56

INFECTIOUS DISEASES.

Diphtheria.—It is pleasing to report that no cases of diphtheria occurred in the county during 1960. This happy position, however, should not give rise to complacency and as Dr. Ormiston remarks : " too many children not having diphtheria booster injections are still found at school. This is in spite of the fact that mothers are recommended by the Health Visitors to have this done before the child enters school ". Pre-school children are immunized against diphtheria at the Infant Welfare Centres or by the General Practitioners at their surgeries in their first year of life, but a booster dose is necessary within a few

years if the immunity is to be maintained. Dr. Howarth states that : " recent outbreaks of diphtheria have done far more than words in reminding parents that it is only by immunisation that little is heard of diphtheria to-day."

Poliomyelitis.—No cases of poliomyelitis occurred among schoolchildren in 1960 and there is no doubt that this satisfactory position has been due to the success of the poliomyelitis vaccination scheme. There is a danger that, as with diphtheria, as the number of cases of poliomyelitis fall, parents will fail to realise the importance of vaccination and every effort is made by the doctors and nurses in the schools to stress the importance of this simple preventive measure

Tuberculosis.—Among schoolchildren thirty-two cases of pulmonary tuberculosis and five cases of non-pulmonary tuberculosis were notified. This figure has remained fairly constant over the last few years.

B.C.G. vaccination is offered to children in the thirteen year-old age group and upwards and to students attending Further Education establishments. The adolescent is extremely vulnerable to infection by tuberculosis and protection prior to leaving school is strongly advised. The number of children who were given B.C.G. vaccination has doubled during the last two years and although, as seen in Table 10, the numbers accepting vaccination remained high, there is always room for improvement. B.C.G. vaccination of adolescents has now become an accepted prophylactic measure and it is hoped that all parents will avail themselves of the service.

During the year four schools, including a private one, were visited following the report of a case of tuberculosis. In two instances the cases concerned pupils and the remaining two, teachers. When a pupil was involved the test was offered to the remainder of the class ; if a teacher, the test was offered to the children in those classes with whom the teacher had contact. Those pupils whose parents agreed were skin tested, and pupils found positive, were referred to the Chest Clinic where further investigations and X-ray examinations revealed no further cases of disease.

Table No. 10.—B.C.G. Vaccination, 1960.

(a) *School children age 13 years plus.*

Number of children tested	11,780
Number of children found positive	1,014
Number of children found negative	10,360
Number of children vaccinated	10,340

(b) *Students Attending Further Education Establishments.*

Number of students tested	187
Number of students found positive	44
Number of students found negative	142
Number of students vaccinated	142

Other Infectious Diseases.—There was a marked increase in the number of cases of whooping cough among school children in 1960. Other infections, however, showed a decrease in the number of cases occurring.

SCHOOL LEAVERS.

At the school-leavers examinations the medical officers bear in mind the question of the child's employment on leaving school. The Youth Employment Officers are advised on the type of employment unsuitable because of some existing medical condition. With the consent of the parents, further information can be given in the case of handicapped pupils, so that the case can be assessed and help given in the correct placement. The majority of children are medically fit for the work they wish to undertake but there are a certain number where the employment of their choice would be detrimental to their health.

In the case of handicapped pupils great care must be taken in selecting suitable employment. These handicapped children have been aided during their school careers but, as the Youth Employment Officer states in his Annual Report, 1959-60, these children " must take their place in competition with

normal workers and so must take the fullest advantage of education and training opportunities ”.

This is particularly so in the case of the educationally sub-normal children and Dr. Martin in her report states that, at Garston Manor Special School, the Youth Employment Officer visits the school on the same day as she carries out the school-leaver examination. This is done during the term before the child is due to leave school. The headmaster, parents, child, Youth Employment Officer, and Medical Officer meet and discuss the type of occupation most suitable for the child. Dr. Martin finds this contact with the Youth Employment Officer most useful and suggests it could, with advantage, be extended to the secondary modern schools.

CONVALESCENCE.

On the recommendation of the Authority's medical officers sixty-one pupils were provided with free holiday convalescence during the year. Forty-four of these children were admitted on account of general debility and nine children were admitted with chest conditions. They are usually admitted for a period of four weeks, although this can be extended at the request of the Medical Officer of the Home.

No education is provided in the convalescent homes and if a longer period is required, then the child is ascertained as a delicate pupil and placed in an open-air school.

All children are seen on return from convalescence by the doctor who originally made the recommendation and almost invariably a marked benefit has been noted.

OTHER MEDICAL EXAMINATIONS.

(1) Entrants to Teachers' Training Colleges.

Local Education Authorities are required to arrange for the medical examination of (i) Training College candidates resident in their areas and (ii) persons entering the Authority's employment as teachers who had not taken a course under the Training of Teachers' Regulations and had not passed a medical examination.

During 1960 the school medical officers examined 332 Training College candidates and 168 teachers in category (ii). A chest X-ray of each teacher is compulsory. Training College candidates are advised to have a chest X-ray before entering college. At the finish of their training they are also medically examined by the General Practitioner attending the training college and X-rayed.

Examination of category (ii) cases is regarded as very important and they should always have this examination before they take up duty as it is not unknown for those already in employment to be found to be suffering from tuberculosis at this examination.

(2) Employment of Children — Byelaws.

Children in employment out of school hours come within the scope of these byelaws and are medically examined before starting work.

In 1960, 1,796 pupils were examined, of whom two were found to be unfit to undertake the employment proposed.

TREATMENT OF CHILDREN ATTENDING INDEPENDENT SCHOOLS.

Education Act, 1944 — Section 78 (2).

As speech therapy and orthoptic treatment are not otherwise easily available in the county, the Education Committee have agreed to accept children from independent schools in their speech therapy and orthoptic clinics.

During 1960, twenty one children made 203 attendances at the speech therapy clinics and two children made three attendances at the orthoptic clinics, from twenty independent schools.

MILK IN SCHOOLS SCHEME.

There was a slight decrease in the percentage of children receiving milk at maintained schools, the figure being 78·2 per cent whereas last year it was 81·44 per cent. 439 county schools and eighteen nursery schools were supplied with pasteurised milk ; one school in the north of the county was still supplied with tuberculin tested milk. In addition, the Local Education Authority approve the milk supply to non-maintained schools ; 132 of these provided pasteurized milk while one provided raw tuberculin tested milk.

Samples of milk are taken regularly from schools and an effort is made to see that each school supplier is sampled twice a term. 203 pasteurized milk samples were taken during the year and there were no phosphatase test failures. One of the samples failed the methylene blue test. The two schools supplied with raw tuberculin tested milk had nine samples taken during the year. There was one failure in a sample from the non-maintained school. This failure was reported to the local office of the Ministry of Agriculture, Fisheries, and Food for investigations by their Milk Officer and further samples were satisfactory.

During the year seventy samples of pasteurized milk were taken from school canteens and there were no phosphatase test or methylene blue failures.

SCHOOL CANTEENS.

There are 132 school canteens in the county and the percentage of children taking meals in school was 62·4. It is pleasing to report that there were no outbreaks of food poisoning at maintained schools during the year. This is a tribute to the efficiency of canteen staff and to the general standards of hygiene in school canteens. There was continued close liaison during the year with the officers of the district councils who have power of entry and inspection of school canteens, and who require them to comply with the Food Hygiene Regulations and other legislation which govern the handling, processing and storage of food.

SWIMMING BATHS.

Forty-six swimming baths are now approved for use in the county. During the year 686 samples were obtained from the thirty-six "continuous flow" type of pool and there were twenty-four failures (3·9 per cent). One public pool had five failures out of a total of forty-five samples due to a defect in the circulation system. This was corrected and during the rest of the season, excellent results were obtained.

Of the ninety-one samples taken from "fill and empty" pools there were six failures, equivalent to 6·6 per cent. Two pools each had two failures while two other pools had one failure each. These results must be considered quite satisfactory in view of the fact that every effort is made to check the water at a time when failing samples are most likely to occur. While the "continuous flow" type of pool purifies the water by circulating it through filters and by the injection of chlorine automatically, the "fill and empty" type of pool depends rather more on the human element and day to day chlorination by hand. After about a week or ten days of use the water in the pools is replaced by clean water and the process is repeated. If samples are taken at a time when the pool is due to be emptied, there is more likelihood of failures occurring.

In the School Health Report for 1959, it was mentioned that a private pool fed by spring water and chlorinated manually gave poor results and that approval for school use might have to be withdrawn. As samples in 1960 proved to be unsatisfactory it was decided to withdraw official approval.

The enthusiasm of teaching staff and Parent/Teacher Associations for "do it yourself" pools is as great as ever. Many inquiries were dealt with during the year from schools where work is to go ahead. Two of these pools at secondary schools were completed during the year, both being 75 ft. long. One is for the present being run on "fill and empty" lines but with a modified circulation system while the other is fully equipped with an efficient chlorination and sand-filtration system. In addition, two new public pools were used for the first time. Both these pools are modern and equipped with up-to-date water purification equipment.

STATISTICAL TABLES FOR THE WHOLE COUNTY

Medical Inspection and Treatment, 1960.

The official return to the Ministry of Education for the year ended 31st December, 1960, was as follows :—

Number of pupils on registers of maintained Primary and Secondary
Schools (including Nursery and Special Schools) in January, 1961,
as in Form 7, 7M and 11 Schools 132,757

NOTE : Tables A, B, and C relate only to medical inspections of pupils attending maintained schools prescribed in Section 48 (1) of the Education Act, 1944.

Part I.—Medical Inspection of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

TABLE A.—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth)	No. of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
		(3)	(4)	(5)	(6)
1956 and later	1,198	1,172	97·8	26	2·2
1955	10,874	10,793	99·3	81	0·7
1954	1,745	1,722	98·7	23	1·3
1953	1,431	1,424	99·5	7	0·5
1952	8,458	8,400	99·3	58	0·7
1951	2,297	2,278	99·2	19	0·8
1950	442	439	99·3	3	0·7
1949	2,900	2,877	99·3	23	0·7
1948	8,578	8,514	99·3	64	0·7
1947	1,556	1,547	99·4	9	0·6
1946	3,997	3,977	99·5	20	0·5
1945 and earlier	6,262	6,233	99·5	29	0·5
Total . . .	49,738	49,376	99·3	362	0·7

TABLE B.—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS (EXCLUDING DENTAL DISEASES AND INFESTATION WITH VERMIN).

NOTES : Pupils found at Periodic Inspections to require treatment for a defect should not be excluded from Table B by reason of the fact that they were already under treatment for that defect. Table B relates to individual pupils and not to defects. Consequently, the total in column (4) will not necessarily be the same as the sum of columns (2) and (3).

Age Groups Inspected (by year of birth) (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total individual pupils (4)
1956 and later	17	131	146
1955	401	1,446	1,654
1954	64	159	187
1953	82	183	247
1952	529	1,097	1,341
1951	177	188	318
1950	44	72	98
1949	225	586	731
1948	760	971	1,574
1947	187	194	339
1946	358	504	777
1945 and earlier	745	480	1,176
Total	3, 589	6,011	8,588

TABLE C.—OTHER INSPECTIONS.

NOTES : A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,233
Number of Re-inspections	26,849
Total	<u>28,082</u>

TABLE D.—INFESTATION WITH VERMIN.

NOTES : All cases of infestation, however slight, should be included in Table D. The numbers recorded at (b), (c), and (d) should relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorized persons	172,078
(b) Total number of individual pupils found to be infested	178
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944)	39
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	—

Part II.—Defects found by Medical Inspection during the Year.

TABLE A.—PERIODIC INSPECTIONS.

NOTE.—All defects, including defects of pupils at Nursery and Special Schools, noted at periodic medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection. This Table should include separately the number of pupils found to require treatment (T) and the number of pupils found to require observation (O).

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS									
		Entrants		Leavers		Others		Total		O (10)	
		T (3)	O (4)	T (5)	O (6)	T (7)	O (8)	T (9)	O (10)		
4	Skin	159	176	274	91	489	282	922	549		
5	Eyes— (a) Vision (b) Squint (c) Other	485 299 60	1,395 204 59	1,089 49 25	260 4 11	2,015 315 106	1,277 98 87	3,589 663 191	2,932 306 157		
6	Ears— (a) Hearing (b) Otitis Media (c) Other	31 91 20	259 339 94	13 21 12	25 27 9	94 73 32	173 206 68	138 185 64	457 572 171		
7	Nose and Throat	351	1,194	64	66	279	790	694	2,050		
8	Speech	129	349	8	18	109	174	246	541		
9	Lymphatic Glands	30	353	1	14	13	186	44	553		
10	Heart	16	300	18	57	40	259	74	616		
11	Lungs	157	440	22	72	148	415	327	927		
12	Developmental— (a) Hernia (b) Other	24 21	58 224	5 28	6 28	21 78	82 405	50 127	146 657		
13	Orthopaedic— (a) Posture (b) Feet (c) Other	58 245 130	176 414 334	88 211 78	94 100 108	319 732 201	358 541 438	465 1,188 409	628 1,055 880		
14	Nervous System— (a) Epilepsy (b) Other	15 13	29 108	9 5	6 27	39 46	55 158	63 64	90 293		
15	Psychological— (a) Development (b) Stability Abdomen Other	26 36 27 28	182 323 63 135	3 7 12 26	59 55 17 66	108 153 45 80	338 441 110 342	137 196 84 134	579 819 190 543		

TABLE B.—SPECIAL INSPECTIONS.

NOTE : All defects, including defects of pupils at Nursery and Special Schools, noted at special medical inspections should be included in this Table, whether or not they were under treatment or observation at the time of the inspection.

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	396	46
5	Eyes—		
	(a) Vision	73	73
	(b) Squint	9	3
	(c) Other	4	10
6	Ears—		
	(a) Hearing	21	32
	(b) Otitis Media	6	6
	(c) Other	6	10
7	Nose and Throat	17	42
8	Speech	39	15
9	Lymphatic Glands	1	6
10	Heart	3	21
11	Lungs	17	36
12	Developmental—		
	(a) Hernia	3	3
	(b) Other	1	16
13	Orthopaedic—		
	(a) Posture	3	20
	(b) Feet	24	39
	(c) Other	12	29
14	Nervous System—		
	(a) Epilepsy	5	8
	(b) Other	9	17
15	Psychological—		
	(a) Development	46	31
	(b) Stability	71	53
16	Abdomen	—	9
17	Other	474	75

Part III.—Treatment of Pupils attending Maintained Primary and Secondary Schools (including Nursery and Special Schools).

NOTES : This part of the return should be used to give the total numbers of :—

- (i) Cases treated or under treatment during the year by members of the Authority's own staff ;
- (ii) cases treated or under treatment during the year in the Authority's school clinics under National Health Service arrangements with the Regional Hospital Board ; and
- (iii) cases known to the Authority to have been treated or under treatment elsewhere during the year.

TABLE A.—EYE DISEASES, DEFECTIVE VISION, AND SQUINT.

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	156
Errors of refraction (including squint)	9,134
Total	9,290
Number of pupils for whom spectacles were prescribed .	3,478

TABLE B.—DISEASES AND DEFECTS OF EAR, NOSE, AND THROAT.

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for diseases of the ear	38
(b) for adenoids and chronic tonsillitis	1157
(c) for other nose and throat conditions	44
Received other forms of treatment	343
Total	1,582
Total number of pupils in schools who are known to have been provided with hearing aids—	
*(a) in 1960	27
(b) in previous years	168

* A pupil recorded under (a) above should not be recorded at (b) in respect of the supply of a hearing aid in a previous year.

TABLE C.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments .	365
(b) Pupils treated at school for postural defects	110
Total	475

TABLE D.—DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS, FOR WHICH SEE TABLE D OF PART I).

	Number of cases known to have been treated
Ringworm—(a) Scalp	3
(b) Body	2
Scabies	3
Impetigo	36
Other skin diseases	2,746
Total	2,790

TABLE E.—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	1,776

TABLE F.—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by Speech Therapists	1,808

TABLE G.—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	1,577
(b) Pupils who received convalescent treatment under School Health Service arrangements	61
(c) Pupils who received B.C.G. vaccination	10,340
(d) Other than (a), (b) and (c) above. Please specify :	
Lungs	166
Heart	42
Rheumatism	—
Developmental	193
Abdomen	28
Other	380
Total (a)–(d)	12,359

Part IV.—Dental Inspection and Treatment carried out by the Authority.

(1) Number of pupils inspected by the Authority's Dental Officers :—	
(a) At Periodic Inspections	50,077
(b) As Specials	5,254
	55,331
(2) Number found to require treatment	33,518
(3) Number offered treatment	29,435
(4) Number actually treated	17,840
(5) Number of attendances made by pupils for treatment, including those recorded at 11 (h)	54,652
(6) Half-days devoted to :	
(a) Periodic (School) Inspection	413
(b) Treatment	7,550
	7,963
(7) Fillings :	
(a) Permanent Teeth	26,000
(b) Temporary Teeth	11,043
	37,043
(8) Number of Teeth filled :	
(a) Permanent Teeth	23,246
(b) Temporary Teeth	9,785
	33,031
(9) Extractions :	
(a) Permanent Teeth	3,828
(b) Temporary Teeth	10,885
	14,713
(10) Administration of general anaesthetics for extraction	6,101
(11) Orthodontics :	
(a) Cases commenced during the year	411
(b) Cases brought forward from previous year	568
(c) Cases completed during the year	122
(d) Cases discontinued during the year	177
(e) Pupils treated with appliances	913
(f) Removable appliances fitted	725
(g) Fixed appliances fitted	66
(h) Total attendances	7,318
(12) Number of pupils supplied with artificial teeth	139
(13) Other operations :	
(a) Permanent Teeth	13,042
(b) Temporary Teeth	4,562
	17,604

APPENDIX.

CLINIC SERVICES (May, 1961).

EAST DIVISION.

Divisional Health Office, County Hall Hertford. Tel. : Hertford 4242.

Clinic	Location		Sessions	In attendance
General and Minor Ailments.	Hertford	Health Centre, Bull Plain	4th Tues., p.m.	Dr. J. Crawley Dr. E. Harrison Dr. M. O'Donovan Dr. L. Karpati Dr. L. Karpati Dr. M. O'Donovan
	Bishop's Stortford	Health Centre, Market Sq.	1st and 3rd Weds., a.m.	
	Ware	87 High St.	2nd Mons., a.m.	
	Waltham Cross	Health Centre, High St.	1st Mons., a.m.	
	Cheshunt	Health Centre, Blindmans Lane	3rd Mons., a.m.	
Ophthalmic	Hoddesdon	Health Centre, Council Offices	1st Mons., a.m.	Dr. G. W. May
	Hertford	National Eye Service, Parl. Sq.	Mons. and Weds., a.m.	
	Bishop's Stortford	Herts and Essex Hospital	Mons., p.m.	
	Cheshunt	Health Centre, Blindmans Lane	Fris., a.m.	
	Buntingford	Bridgefoot House	3rd Weds., a.m.	
Orthoptic	Ware	87 High St.	Weds., a.m./p.m.	Miss D. C. Hall Miss M. Jeavons
	Cheshunt	Health Centre, Blindmans Lane	Fris., a.m./p.m.	
Speech Therapy	Hertford	Health Centre, Bull Plain	Mons. and Weds., a.m.	Miss J. Hawksworth
	Bishop's Stortford	Health Centre, Market Sq.	Thurs., a.m./p.m.	
	Ware	87 High St.	Mons., p.m.	
	Waltham Cross	Health Centre, High St.	Tues., a.m.	
	Hoddesdon	Health Centre, Council Offices	Fris., p.m.	
	Broxbourne	Rye Park Infants School	Weds., p.m.	
	Cheshunt	Broxbournebury Special School	Fris., a.m.	
		Health Centre, Blindmans Lane	Tues., p.m.	
Child Guidance	Bishop's Stortford	Health Centre, Market Sq.	Tues., a.m./p.m.	
	Hoddesdon	Health Centre, Council Offices	Thurs., a.m./p.m.	
Dental	Hertford	Health Centre, Bull Plain	Mons., Thurs., Fris., a.m./p.m.	
	Bishop's Stortford	Health Centre, Market Sq.	Mons., Thurs., a.m. ; Weds., p.m.	
	Ware	Bowling Road	Mon.-Fris., a.m./p.m.	
	Waltham Cross	Health Centre, High St.	Mon.-Fris., a.m./p.m.	
	Hoddesdon	Health Centre, Council Offices	Mons., Weds., Fris., a.m./p.m.	
	Buntingford	Bridgefoot House	Thurs., a.m.	

SOUTH DIVISION.

Divisional Health Office, County Hall Hertford. Tel.: Hertford 4242.

Clinic	Location	Sessions	In attendance
General and Minor Ailments.	Barnet . East Barnet .	2nd and 4th Mons., a.m. 2nd and 4th Fris., a.m.	} Dr. H. E. Ormiston
Ophthalmic .	Barnet . East Barnet .	Weds., a.m. Fris., a.m.	Dr. J. Crewdson Dr. C. Brown
Orthoptic . .	Barnet . .	Weds., a.m.	Miss M. Jeavons
Speech Therapy .	Barnet . East Barnet .	Weds. and Fris., a.m./p.m. Tues., a.m./p.m.	} Miss G. M. Farmer
Child Guidance .	Barnet .	Thurs., a.m./p.m.	
Dental . .	Barnet . East Barnet . " .	Mon.-Fri., a.m./p.m. Tues.-Fri., a.m./p.m. Mons. and Thurs., a.m./p.m.	

NORTH DIVISION.
Divisional Health Office, 12 Brand Street, Hitchin. Tel.: Hitchin 3757.

Clinic	Location		Sessions	In attendance
General and Minor Ailments	Baldock	Secondary Modern School	Mons., Weds., Fris., a.m.	Dr. S. Moynihan : Weds., a.m.
	Letchworth	Howard Hall, Norton Way	Mons., Weds., Fris., a.m.	Dr. S. Moynihan : Weds., a.m.
Ophthalmic	Hitchin Stevenage	The Maples, Bedford Road Health Centre, Southgate	Mons., a.m. Mons., p.m.	Dr. J. A. Peachey
Orthoptic	Stevenage	Health Centre, Southgate	Tues., a.m./p.m.	Miss D. C. Hall
Speech Therapy	Hitchin	The Maples, Bedford Road	Tues., and Thurs., p.m.	Mrs. M. A. C. Davies
	Letchworth	Howard Hall, Norton Way	Tues., a.m.	
	Royston	Lady Dacre Room, Market Hill	Thurs., a.m.	
	Stevenage	Health Centre, Southgate	Mons. and Weds., p.m.	
	"	Almond Hill School	Weds., a.m.	Miss F. A. Nolan
	"	Bedwell Infants School	Mons., a.m.	
	"	Peartree Spring School	Mons., a.m./p.m.	
Child Guidance	Hitchin	The Maples, Bedford Road	Tues., a.m./p.m.	
Dental	Hitchin	The Maples, Bedford Road	Weds. and Fris., a.m./p.m.	
	Stevenage	Health Centre, Southgate	Mons., Tues., Weds., Fris., a.m./p.m.	
	Baldock	Peartree Spring School	Tues., a.m.; Thurs., a.m./p.m.	
	Letchworth	Pinnocks Lane Health Centre	Thurs., p.m. Weds., Thurs., Fris., a.m./p.m.	

MID HERTS DIVISION.

Divisional Health Office, "Gooseacre," Cole Green Lane, Welwyn Garden City. Tel.: W.G.C. 4541.

Clinic	Location	Sessions	In attendance
General and Minor Ailments.	Hatfield . . . Kennelwood, French Horn Lane	2nd and 4th Fris., a.m.	Dr. F. M. Jennings
Ophthalmic .	Hatfield . . . Kennelwood, French Horn Lane Welwyn Garden . . . Gooseacre, Cole Green Lane City	Mons., a.m. Weds., a.m.	} Dr. A. Garratt
Orthoptic . .	Hatfield . . . Kennelwood, French Horn Lane Welwyn Garden . . . Gooseacre, Cole Green Lane City	Weds., p.m. Thurs., a.m./p.m.	
Speech Therapy .	Welwyn Garden . . . Gooseacre, Cole Green Lane City Hatfield . . . Parkway Infants School " . . . Hilltop " . . . Cranbourne Infants School, " . . . Birchwood Avenue. " . . . Kennelwood, French Horn Lane	Weds., a.m./p.m. Thurs., a.m./p.m. Tues., p.m. Fris., p.m. Fris., a.m.	} Miss F. A. Nolan
Child Guidance .	Welwyn Garden . . . Gooseacre, Cole Green Lane City	Weds. and Fris., a.m./p.m.	
Dental . .	Hatfield . . . Kennelwood, French Horn Lane Welwyn Garden . . . Gooseacre, Cole Green Lane City Welwyn . . . Broomfield Road, Welwyn Hill	Mons., Weds., Thurs., Fris., a.m./p.m. Alternate, Tues. Mon.-Fri., a.m./p.m. Weds., a.m./p.m.	

ST. ALBANS DIVISION.

Divisional Health Office, 15 Hatfield Road, St. Albans. Tel.: St. Albans 50421.

Clinic	Location	Sessions	In attendance
General and Minor Ailments.	London Colney . St. Albans . Boreham Wood .	2nd and 4th Fri., a.m. Mons., a.m. Fri., a.m.	Dr. P. B. M. O'Reilly Dr. A. H. Wright Dr. M. E. Watkins
Ophthalmic .	Boreham Wood . Harpenden . St. Albans .	Weds., p.m. 1st and 3rd Mons., a.m. Tues. and Fri., a.m.	Dr. J. Crewdson } Dr. A. Garratt
Orthoptic . .	Boreham Wood . St. Albans .	Mons., a.m./p.m. Tues. and Thurs., a.m./p.m.	} Miss M. Jeavons
Speech Therapy .	Boreham Wood . " . " . Harpenden . St. Albans .	Fri., a.m./p.m. Mons., a.m./p.m. Thurs., a.m./p.m. Tues., a.m. Mons. and Weds., a.m. p.m. Thurs., a.m./p.m.	} Mrs. V. Felstead Miss G. M. Farmer } Mrs. P. Blane Miss V. Press
Child Guidance .	St. Albans .	Mons. Fri., a.m./p.m.	
Dental . . .	Boreham Wood . " . " . Harpenden . St. Albans . " .	Mon. Fri., a.m./p.m. Fri., a.m./p.m. Mons. and Weds., a.m./p.m. Tues., a.m.; Fri., p.m. Mon. Fri., a.m./p.m. Mons. and Fri., a.m./p.m.	

SOUTH-WEST DIVISION.

Divisional Health Office, Town Hall, Watford. Tel. : Watford 26400.

Clinic	Location		Sessions	In attendance
General and Minor Ailments.	Watford Oxhey Croxley Green Bushey 65 Queens Road Health Centre, Oxhey Drive Malvern Way Infants School Congregational Church Hall, High Street.	Fris., a.m. Mons., a.m. 1st Mons., a.m. 2nd Fris., a.m.	Dr. P. Martin Dr. F. Barasi Dr. B. E. Coleman Dr. N. MacRae
Ophthalmic	Watford " " Rickmansworth	. . . 65 Queens Road " " The Bury	Mons., p.m. Tues., p.m.; Fris., a.m.; 2nd and 4th Weds., a.m. 1st and 3rd Weds., a.m.	Dr. N. Gardener } Dr. R. S. Brewerton
Orthoptic	Watford Oxhey	. . 65 Queens Road Health Centre, Oxhey Drive	Mons., Tues., Thurs., Fris., a.m./p.m. Weds., a.m./p.m.	} Miss J. Davie
Speech Therapy	Watford " " Oxhey South Oxhey Rickmansworth	. . 65 Queens Road Garston Manor Special School Health Centre, Oxhey Drive Colnbrook Special School The Bury	Mons. and Tues., a.m./p.m.; Fris., p.m. Thurs., a.m. Tues. and Weds., a.m./p.m. Thurs., p.m. Tues., a.m.	Mr. L. Willmore } Mrs. V. M. Felstead Mrs. V. Tait
Child Guidance	Watford	. 13 Station Road	Tues.-Fris., a.m./p.m.	
Dental	Watford " " Oxhey " " Rickmansworth	. . 65 Queens Road The Avenue Health Centre, Oxhey Drive Woodhall School The Bury	Mons.-Fris., a.m./p.m. Mons.-Fris., a.m./p.m. Mons.-Fris., a.m./p.m. Mons., a.m./p.m.; Tues., a.m.; Weds., a.m.; Fris., a.m./p.m. Mons and Tues., a.m./p.m.	

WEST (DACORUM) DIVISION.

Divisional Health Office, Churchill, Park Road, Hemel Hempstead. Tel. : Boxmoor 3700.

Clinic	Location		Sessions	In attendance
Ophthalmic	Berkhamsted Hemel Hempstead	The Hut, Council Offices Churchill, Park Road	Sats. as required Fris., a.m.	Dr. N. W. Gardener
Orthoptic	Hemel Hempstead	Churchill, Park Road	Mons. and Fris., a.m./p.m.	Miss D. C. Hall
Speech Therapy	Berkhamsted Hemel Hempstead " " " " " "	The Hut, Council Offices Churchill, Park Road Adeyfield Hall Bennetts End Community Centre Warners End Hall	Weds., p.m. Mons., a.m./p.m. Fris., a.m./p.m. Tues., a.m./p.m. Weds., a.m.	Miss V. Press
Dental	Berkhamsted " " Hemel Hempstead " "	Butts Meadow Centre Ashlyns School Churchill, Park Road Bennetts End Community Centre	Mons. and Thurs., a.m. Tues., Weds., Fris., a.m. Mons.-Fris., a.m./p.m. Mons., a.m./p.m.; Tues., Thurs., Fris., a.m.	

